	Part 2
PERIODIC N	MEDICAL QUESTIONNAIRE
1. NAME	
2. CLOCK NUMBER	
3. PRESENT OCCUPATION	
(Zip Code)	
7. TELEPHONE NUMBER	
8. INTERVIEWER	
9. DATE	
10. What is your marital status?	
11. OCCUPATIONAL HISTORY	
11A. In the past year, did you work full time (30 hours per week or more) for 6 months or more	1. Yes 2. No?
IF YES TO 11A:	
11B. In the past year, did you work in a dusty job?	1. Yes 2. No 3. Does not Apply
11C. Was dust exposure:	1. Mild 2. Moderate 3. Severe
11D. In the past year, were you exposed to gas or chemical fumes in your work?	1. Yes 2. No
11E. Was exposure:	1. Mild 2. Moderate 3. Severe